

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
(504) 838-5791
Fax: (504) 838-5279
www.lsbpne.com

If you have an active multistate license, it is not necessary to apply for a temporary license.

Instructions: Complete this form and email it (with attachments-see note below) to the office at tammyd@lsbpne.com.

EMERGENCY TEMPORARY PERMIT REGISTRATION FORM
FOR LICENSED PRACTICAL/VOCATIONAL NURSES

1. Name: _____
 First Middle Maiden Last
2. Cell Phone: (____)_____
3. Email Address: _____
4. Social Security Number: _____ Date of Birth: _____
5. City, State, and County/Parish of Birth: _____
6. Health Care Agency/Shelter (where you will provide nursing services):
Agency/Shelter Name and Address: _____
Agency/Shelter Phone: (____)_____ Email: _____
Name and Credentials of Immediate Supervisor: _____
7. I, the undersigned applicant for an emergency temporary permit as a licensed practical/vocational nurse, attest that: I hold a current license to practice practical/vocational nursing in the United States; I have a negative history for criminal activity, a negative history for chemical dependency, and a negative history for complaints against and/or related to any and all licenses held for any profession in any state or U.S. territory.

Signature of Applicant: _____ Date: _____

NOTE: Attach a copy of your driver's license or other government issued photo I.D and a copy of a current, valid license to practice as a practical/vocational nurse in another state. Forms submitted by email must have the required attachments scanned in and submitted with the emailed form. You will receive authorization to practice by return email.

Give an email address where you would like the permit sent:_____